

Child Care Dissertation Grants

Tara Carr

Project Title: *Help Me Feed Me: A Mixed Methods Study of Factors associated with Infant and Toddler Teachers' Feeding Styles*

Mentor: Dr. Dianna Ward

Project Funding Years: 2020-2021

University Affiliation: University of North Carolina at Chapel Hill

Project Abstract:

The first 1,000 days of life are a critical window of childhood development. Yet, 8.1% of US children age 2 years or under are at risk for obesity and adverse health outcomes. Children have a greater need for multiple nutrients relative to body weight compared to adults, but attaining adequate nutrition can be a challenge due to caregiver feeding styles and cultural traditions, and the development of child feeding-independence and food preferences. During this important period, it is imperative that children be allowed to develop appropriate self-feeding skills and be provided with nutrient-rich diets to help them achieve healthy growth and establish lifelong healthy eating habits which can reduce risk for chronic diseases in later childhood and adulthood.

Parents and childcare providers serve as the architects of children's healthy eating environment. The US Surgeon General and the US Centers for Disease Control and Prevention (CDC) have identified childcare settings as important for obesity prevention efforts. Moreover, the Institute of Medicine (IOM) identified caregiver responsive feeding style as an obesity prevention strategy. *Responsive feeding* style involves reciprocity between the caregiver and child, whereby the caregiver starts and stops a feeding based upon the child's hunger and satiety cues. *Nonresponsive feeding* styles in which caregivers control, restrict, pressure, indulge, or ignore children while feeding have been associated with poor dietary habits and obesity in children. Potential caregiver feeding style differences may exist among different racial and ethnic groups. Additionally, evidence suggests that despite existing guidelines for providers, there may still exist knowledge and skills gaps on how to use developmentally appropriate feeding practices with or provide nutrient-rich diets for very young children.

Only one published responsive feeding intervention study conducted in the US early care and education (ECE) setting has been identified. While the research literature contains guidance on nutrition intervention development for the ECE setting, formative research is still needed to elucidate key understandings on child care center (environmental) and infant and toddler childcare provider (individual level) factors that influence and can be intervened on to specifically promote provider responsive feeding. This study's research questions will address significant research gaps in the literature:

- (1) Is the Infant Feeding Styles Questionnaire (IFSQ) valid for use with infant and toddler childcare providers?
- (2) What are the factors associated with infant and toddler childcare providers' feeding styles?
- (3) What are the attitudes and beliefs among infant and toddler child care center providers surrounding provider feeding styles?

This study proposes to use a sequential mixed methods design of a quantitative (secondary analysis of the Baby Nutrition and Physical Activity Self-Assessment for Child Care, a.k.a Baby NAP SACC, intervention study data) followed by a qualitative (semi-structured interviews with providers) method as the analytical approach to answer the research questions. Study results can help inform the development or refinement of culturally-sensitive responsive feeding intervention research trials, programs, trainings, and policies for the ECE setting.

Samantha Melvin

Project Title: Exploring High Quality in Family Child Care: Does Alignment with Government Expectations have Implications for Engagement and Retention in the Field?

Mentor: Dr. Sharon Lynn Kagan

Project Funding Years: 2020-2021

University Affiliation: Teachers College, Columbia University

Project Abstract:

Regulated family child care (FCC), or care provided to small groups of non-relative children in a provider's home, is an essential but undervalued aspect of the American early childhood education and care (ECEC) landscape. Despite a national emphasis on school- and center-based ECEC for preschoolers, FCC providers comprise nearly 20% of all providers receiving Child Care and Development Fund subsidies (National Center for Early Childhood Quality Assurance [NCECQA], 2020a). FCC is also often the only accessible, regulated, and/or subsidized child care option for children who are under three, are from low-income families, live in rural areas, have special needs, and/or whose parents work non-traditional or volatile schedules (Henly & Adams, 2018).

In response to research that FCC is lower quality than center-based care on average (Porter et al., 2010), state policies have endeavored to enhance the quality of FCC over the last few decades. One common approach is Quality Rating and Improvement Systems (QRIS), which assess ECEC quality on a variety of indicators and report this information to families, programs, and government agencies. While FCC are eligible to participate in 95% of QRIS, their engagement tends to be low (NCECQA, 2019). Some scholars argue that this is because QRIS standards are largely based on “what works” in centers and do not incorporate the most distinctive and desirable aspects of FCC (Hallam et al., 2017; Tonyan et al., 2017). At the same time, the national supply of FCC has fallen by more than a third in the last decade (NCECQA, 2020a). One possible reason for this decline could be the emergence of quality standards and expectations that are misaligned with providers’ own priorities for their programs. Thus, it is essential to better understand:

- (1) What components of quality FCC providers think are most important in their programs?
- (2) How are these components mis/aligned with QRIS standards?
- (3) How does this mis/alignment relate to providers’ engagement and retention in the field?

The proposed study examines these questions using a mixed methods approach with data from a larger four-state study of FCC decline and supply (Erikson Institute, 2020).

These objectives are of great relevance to the Administration for Children and Families’ priorities of (a) *understanding the unique features of home-based child care, including FCC*; (b) *strategies for retaining the ECEC/FCC workforce and engaging them in early childhood systems*; with the ultimate goal of (c) *increasing the supply of high-quality subsidized child care for diverse groups of low-income families*. This work is particularly pressing in light of the Coronavirus pandemic, where more families may seek out FCC for its small groups of mixed-age children (Jacobson, 2020) only to find that many programs in their communities have closed or lowered their capacity (National Association for the Education of Young Children, 2020). Now more than ever, we must give FCC providers the respect they deserve—not by asking them to conform to the best-practices of centers, but by valuing their unique and powerful contributions to the lives of children and families. By better understanding these contributions, we can begin to better engage FCC providers in the ECEC field and reverse the declining supply.

Juliann Nicholson

Project Title: Examining Child Care and Subsidies for Intimate Partner Violence Survivors and their Children: A Mixed Methods Study

Mentor: Dr. Yoonsook Ha

Project Funding Years: 2020-2022

University Affiliation: Boston University

Project Abstract:

An extensive literature has documented the negative effects of intimate partner violence (IPV) on young children's development and on survivor mothers' employment. Stable, quality early child care can provide important benefits for survivors and their children and may buffer the negative effects of IPV exposure on children's and mothers' outcomes. However, survivor mothers may face unique barriers to finding and utilizing stable, quality child care and accessing child care subsidies. Despite the importance of child care for families experiencing IPV, very little research has examined survivors' child care or child care subsidy utilization, or the influence of stable, quality child care on IPV exposed children or mothers.

This dissertation study draws from attachment theory and the risk and resilience model to conceptualize the potential benefits of stable, quality child care for children exposed to IPV. It also utilizes the social ecological framework and social cognitive theories of help-seeking to conceptualize the potential barriers and facilitators for survivor mothers as they make decisions about child care arrangements and child care subsidies. Methodologically, the study will employ a mixed methods approach. Quantitative analyses will use two waves of panel data from the Fragile Families and Child Wellbeing Study (FFCWS) to examine survivors' child care arrangements and stability and the moderating effects of child care on children's internalizing and externalizing behaviors and mothers' employment outcomes. In addition, in-depth semi-structured qualitative interviews will be conducted with a sample of survivor mothers of young children (n=20) and key informants (n=10) to understand survivor mothers' experiences and decisions associated with child care arrangements and child care subsidy use and how recent CCDF policy changes have influenced their needs and experiences with child care and child care subsidies.

The research questions for the proposed study are:

(1) What are the patterns of child care arrangements that survivor mothers utilize for their young children (age 5 or younger)? And how do these child care arrangements differ from those of non-survivor mothers?

(2) How do patterns of child care arrangements affect the relationships between children's IPV exposure and children's developmental outcomes (internalizing and externalizing behaviors)?

(3) How do patterns of child care arrangements affect the relationships between mothers' IPV experiences and their employment outcomes (employment status and the number of hours worked)?

(4) What are survivor mothers' experiences with child care and child care subsidies, and how do they make decisions about child care arrangements and subsidies?

Findings from this proposed study may have important implications for improving CCDF policies and systems to better serve families experiencing IPV, for supporting advocates' and practitioners' work with survivor mothers and their children, and for informing intervention strategies for early childhood education systems and providers. This study will also address a striking gap in the literature and contribute to our increased understanding of the roles of child care for families experiencing IPV.

Gerilyn Slicker

Project Title: Examining Provider Participation in the Child Care Subsidy System: A Mixed Methods Study

Mentor: Dr. Jason Hustedt

Project Funding Years: 2020-2022

University Affiliation: University of Delaware

Project Abstract:

Access to quality child care is essential for both child development and economic self-sufficiency for working families. Yet, child care is not affordable for most U.S. families. The Child Care and Development Fund (CCDF) is a federal program that aims to help low-income families access more affordable child care through child care subsidies which offset or, in some cases, fully cover the cost of care. However, the number of child care providers who accept subsidies is declining, threatening low-income families' access. Research is needed to examine the factors that may influence center-based child care providers' participation in the subsidy system.

The proposed study will address this critical research need through secondary analyses of national datasets and primary data collection in Arkansas, paying close attention to the influence of state policies and other factors amenable to policy intervention. In particular, this will help in understanding how the state-level implementation of CCDF policies and practices may influence child care providers' willingness and ability to care for low-income children receiving subsidies and other families prioritized by the CCDF law (i.e., children with special needs, families experiencing homelessness).

The proposed study uses a three-phase, mixed methods design. Phase I, relying on a statewide partnership with the Arkansas CCDF agency, will be a mixed methods study that will illuminate experiences providers have with state policies that may influence subsidy participation within one state context. An explanatory sequential design will be employed, beginning with a survey of Arkansas providers and followed up with semi-structured interviews using a purposeful sub-sample of providers. Phase II will identify the features of providers, local markets, and state-level CCDF policies related to the proportion of children receiving subsidies and whether or not prioritized families are served in center-based programs. This phase will use a nationally representative sample of child care providers in the 2019 National Survey of Early Care and Education (NSECE) and state-level CCDF policy data from across the U.S., employing the 2018 CCDF Policies Database. Phase III will restructure NSECE survey data to mimic experimental data, strengthening the causal claims that can be made about the influence of state-level CCDF policies on provider subsidy system participation. Overall, this study will provide useful insights into how to implement state policies and practices that could incentivize center-based providers' participation in the subsidy system, and as a result better serve low-income families.

This study will use quantitative and qualitative data to examine three research questions:

- (1) In the context of a single state, how do qualitative interview data about providers' decisions around subsidy system participation help to explain the quantitative survey results about predictors of child care subsidy system participation in Arkansas?
- (2) At the national level, what determines the degree to which center-based providers participate in the child care subsidy system?
- (3) At the national level, what is the influence of variation in state CCDF policies on providers' participation in the subsidy system?